

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24111

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 91

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|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Gentry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry | | c. CITY OR TOWN Stanberry Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West 4th. St | | d. STREET ADDRESS (If outside, give location) West 4th. St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Mrs. Ida Middle Belle Last Petty | | 4. DATE OF DEATH Month July Day 21 Year 1957 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 28 1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | |
| 11. BIRTHPLACE (City and state or country) Gentry Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A | |
| 13. FATHER'S NAME Cass Ross | | 14. MOTHER'S MAIDEN NAME Sarah E. Boner | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 895-10-7769 | |
| 17. INFORMANT Mrs. Ethel Wolverton Stanberry | | Address Mo | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) Gastro-Enteritis-Dysentery (10 days duration) | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 1955 to July 21-57 and last saw her alive on July 20-57 Death occurred at 10:25 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. L. Milligan (Degree or title) | | 22b. ADDRESS 207 Stanberry Mo | |
| 22c. DATE SIGNED 7-22-57 | | | |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION Buried | 23b. DATE 7/23/57 | 23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery | 23d. LOCATION (City, town, or county) (State) Stanberry Gentry, Mo. |
| 24. FUNERAL DIRECTOR Phillips Mortuary ADDRESS | | 25. DATE RECD. BY LOCAL REG. 7-23-57 | |
| | | 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare | |

AUG 16 1957

L. H. J. Phillips

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by ~~Student Embalmer No.~~
working under my personal supervision..

~~Student~~

Signature of Student Embalmer

Signed

L. H. J. Phillips

Licensed Embalmer No. 18

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.